

WRIA <u>44</u>		L 2 1373	C	0	OUNTY COUGLAS
WR Doc# 208747 NAME: Perkins Orchard				<b>PHONE</b> : (50	9) 686–3773
ADDRESS: PO Box 505		Bridgenort	r WA	98813-0	505
ADDRESS. 10 BOX 303		City		ZI	
PURPOSE OF APPLICATION	N: POD 70	n Pow / Pa	34		
Original Right Holder: PERINS DECEMBED Co					
Application received:	194 21, 20 date	201	Initial \$10.00 fe	e received: (	Yes ( )No
Statement of additional exam fee \$ Sent				Received	date
PUBLICATION:			cate		date
Approved by:		Date		Notice Se	ent
CONSULTED AGENCIES:					date
DOH DOW	date	DOF date	USBR _	TF	RIBESdate
date	uale	uate		Jale	date
PROTESTS:	Ву:	Name			
date		Name			
date	Ву:	Name			
adle		Name			
	Ву:				
date		Name			
Affidavit received:		Checked by:	F	P.P. time expires	:
date <b>EOR GRANTEO</b> OL-07-0/					date
Report written by:			Date Report Sen	t:	
DEVELOPMENT SCHEDULE					
	<u> </u>	LVLLOI WILIVI	OUTEDOLL		
Beginning of Construction:	Date sent:			Date received:	
	Extensions: _				
Completion of Construction	Date sent:			Date received:	
	Extensions: _				
Proof of Appropriation:	Date sent:			Date received:	
	Extensions:				
Date well report(s) received	: 2000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000	000000000000000000000000000000000000000	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
( ) Superseding Permit					
( ) Superseding Certificate					
( ) Certificate of Change (on claims)					
Vol. 1-4, Page					
Date certificate fees requested: Date received:					
DATE CHANGE ISSUED:					
REMARKS: Charget permit expired 12-31-2001.					
Change Care	celled 02	-28-2002.	Ga		